

Fill in this information to identify your case:

United States Bankruptcy Court for the :

SOUTHERN District of INDIANA
(State)

Case Number (*If known*): _____ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint case*-and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Melissa
First name

Dianne
Middle name

Thomas
Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Melissa
First name

Middle name

Griffith
Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number

XXX - XX - 1628

OR

9XX - XX -

XXX - XX -

OR

9XX - XX -

Debtor 1 **Melissa** Dianne Thomas Case Number (if known) _____

First Name

Dianne

Middle Name

Thomas

Last Name

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business names or EINs.

Business name _____

Include trade names and *doing business as* names

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name _____

Business name _____

EIN _____

EIN _____

5. Where you live

3908 Colonial Dr

Number Street _____

Anderson	IN	46012
City	State	ZIP Code
MADISON		
County _____		

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street _____

P.O. Box _____

City State ZIP Code _____

If Debtor 2 lives at a different address:

Number Street _____

City State ZIP Code _____

County _____

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to this mailing address.

Number Street _____

P.O. Box _____

City State ZIP Code _____

6. Why you are choosing this district to file for bankruptcy.

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No
 Yes. District None When _____ Case Number _____
 MM / DD / YYYY

District None When _____ Case Number _____
 MM / DD / YYYY

District _____ When _____ Case Number _____
 MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by affiliate?** No
 Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case Number, if known _____
 MM / DD / YYYY
 Debtor _____ Relationship to you _____
 District _____ When _____ Case Number, if known _____
 MM / DD / YYYY

11. **Do you rent your residence?** No. Go to line 12
 Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Melissa** Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.
 Yes. Name and location of business

 Name of business, if any

 Number Street

 City State Zip Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____
 Number Street

 City State ZIP Code

Debtor 1 **Melissa**
First Name

Dianne
Middle Name

Thomas
Last Name

Case Number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Melissa**
 First Name
 Dianne
 Middle Name
 Thomas
 Last Name
 Case Number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. **Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.

Yes.

18. **How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. **How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. **How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Melissa Dianne Thomas

Signature of Debtor 1

X

Signature of Debtor 2

Executed on 10/09/2019
 MM / DD / YYYY

Executed on
 MM / DD / YYYY

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Anthony David Shull

Signature of Attorney for Debtor

Date

Date: 10/09/2019

MM / DD / YYYY

Anthony David Shull

Printed name

Geraci Law L.L.C.

Firm name

55 E. Monroe St., #3400

Number Street

Chicago

City

IL

60603

State

ZIP Code

Contact Phone 312-332-1800

Email address inn@geracilaw.com

30852-64

Bar number

IN

State

Fill in this information to identify your case:

Debtor 1	<u>Melissa</u>	<u>Dianne</u>	<u>Thomas</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

01. What is your current marital status?

Married
 Not married

02 During the last 3 years, have you lived anywhere other than where you live now?

No.
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>2569 Red Birch Dr</u>	04/2016 To	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Anderson IN 46017-9346</u>	05/2017		
<u>8448 S 250 E</u>	05/2003 To	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Markleville IN 46056-9701</u>	03/2016		
<u>823 Belzer Dr</u>	05/2017 To	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Anderson IN 46011-2005</u>	06/2018		

03 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No.
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Melissa** Dianne Thomas
 First Name Middle Name Last Name Case Number (if known) _____

Part 2: Explain the Sources of Your Income**04 Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No.

Yes. Fill in the details

	Debtor 1 Sources of income Check all that apply	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,621	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$33,448	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$38,300	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____

05 Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No.

Yes. Fill in the details

	Debtor 1 Sources of income Describe below.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	---	--	---	--

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

06 Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as

"incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payments	Total amount paid	Amount you still owe	Was this payment for...
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07 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
------------------	-------------------	----------------------	-------------------------

08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal actions, Repossessions, and Foreclosures

09 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No.

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
--------------------	-----------------	--------------------

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11
 Yes. Fill in the information below.

Deerfield Run
C/o Garman Law Offices
924 Meridian St
Anderson, IN 46016

Describe the property	Date	Value of the property
Wages	2019	\$2,719

Explain what happened

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized, or levied.

11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No. Go to line 11
 Yes. Fill in the information below.

12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No.
 Yes.

Part 5: List Certain Gifts and Contributions

13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No.
 Yes. Fill in the details for each gift.

14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No.
 Yes. Fill in the details for each gift.

Part 6: List Certain Losses

15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No.
 Yes. Fill in the details for each gift.

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

Part 7: List Certain Payments or Transfers

16 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No. Yes. Fill in the details

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
<u>Geraci Law L.L.C.</u> <u>55 E. Monroe Street #3400</u> <u>Chicago, IL 60603</u>		From 04/16/2019 - 10/09/2019	\$900.00
<u>Hananwill Credit Counseling</u> <u>115 N. Cross St.</u> <u>Robinson, IL 62454</u>	Credit Counseling Services	2019	\$25.00

17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No. Yes. Fill in the details.

18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No. Yes. Fill in the details for each gift.

19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No. Yes. Fill in the details for each gift.**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No. Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>Huntington National Bank</u> <u>XXX - X X X X</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	01/2019	\$0

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No.

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
----------------------------	-----------------------	-----------------------

22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No.

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
-----------------------------------	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No.

Yes. Fill in the details.

Where is the property?	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No.

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
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25 Have you notified any governmental unit of any release of hazardous material?

No.

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
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26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No.

Yes. Fill in the details.

Date issued _____

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Melissa Dianne Thomas

Signature of Debtor 1

X

Signature of Debtor 2

Date 10/09/2019
MM / DD / YYYY

Date
MM / DD / YYYY

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach the *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 10/09/2019

/s/ Melissa Dianne Thomas

Melissa Dianne Thomas

Dated: 10/09/2019

/s/ Anthony David Shull

Attorney: Anthony David Shull

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	\$ 0
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 9,200
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 9,200

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$7,751
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$135,335

Part 3: Summarize Your Liabilities

4. Schedule I: Your Income (Official Form 106I)	\$1,997.36
Copy your combined monthly income from line 12 of <i>Schedule I</i>	
5. Schedule J: Your Expenses (Official Form 106J)	\$1,988.00
Copy your monthly expenses from line 22c of <i>Schedule J</i>	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapter 7, 11 or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,922.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 of Schedule E/F, copy the following:**9a. Domestic support obligations (Copy line 6a.) \$ 0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.009c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.009d. Student loans. (Copy line 6f.) \$ 0.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.009g. **Total.** Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

 Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

01. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

 No. Yes. Describe.....

02. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here --> \$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

03. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No. Yes. Describe.....Make: Kia

Who has an interest in the property? Check one.

Model: Optima Debtor 1 onlyYear: 2010 Debtor 2 onlyApproximate Mileage: 134,000 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

2010 Kia Optima with over 134,000 miles

 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*

Current value of the entire property? Current value of the portion you own?

\$ 5,200.00 \$ 5,200.00

04. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No. Yes. Describe.....

05. Add the dollar value of the portion you own for all of your entries fro Part 2, including any entries for pages

you have attached for Part 2. Write that number here -->

\$ 5,200.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions

06. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No. Yes. Describe.....

Furniture, linens, small appliances, table & chairs, bedroom set

\$ 2,000\$ 2,000.00

Debtor 1

Melissa

Dianne

Thomas

Case Number (if known)

First Name

Middle Name

Last Name

07. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No. Yes. Describe.....

TV, computer, printer, music collection, cell phone	\$400
	\$ 400.00

08. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No. Yes. Describe.....

	\$ 0.00
--	---------

09. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No. Yes. Describe.....

	\$ 0.00
--	---------

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No. Yes. Describe.....

	\$ 0.00
--	---------

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No. Yes. Describe.....

Everyday clothes, shoes, accessories	\$500
	\$ 500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No. Yes. Describe.....

Everyday jewelry, costume jewelry	\$100
	\$ 100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No. Yes. Describe.....

	\$ 0.00
--	---------

14. Any other personal and household items you did not already list, including any health aids you did not list No. Yes. Describe.....

	\$ 0.00
--	---------

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here -->

\$ 3,000.00

Part 4:**Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured claims
or exemptions

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No. Yes. Describe.....

\$ 0.00

First Name

Middle Name

Last Name

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No. Yes.

Describe..... Account Type:

Checking Account

Institution name:

Chime Bank

\$ 0.00

Checking Account

Go Bank

\$ 0.00

\$ 0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No. Yes.

Describe..... Institution or issuer name:

\$ 0.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No. Yes.

Describe..... Name of Entity and Percent of Ownership:

\$ 0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No. Yes.

Describe..... Issuer name:

\$ 0.00

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No. Yes.

Describe..... Type of account and Institution name:

401(k) or similar plan

Fidelity

\$ 1,000.00

\$ 1,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications

 No. Yes.

Describe..... Institution name or individual:

\$ 0.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No. Yes.

Describe..... Issuer name and description:

\$ 0.00

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No. Yes.

Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

\$ 0.00

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes.

Describe.....

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No. Yes.

Describe.....

\$ 0.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No. Yes.

Describe.....

\$ 0.00

Debtor 1

Melissa

Dianne

Thomas

Case Number (if known)

First Name

Middle Name

Last Name

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions

28. Tax refunds owed to you No. Yes. Describe.....

Anticipated 2019 tax refund

\$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No. Yes. Describe.....

\$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No. Yes. Describe.....

\$ 0.00

31. Interest in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No.

Company Name & Beneficiary:

 Yes. Describe.....

Term Life Insurance

\$0

\$ 0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No. Yes. Describe.....

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No. Yes. Describe.....

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No. Yes. Describe.....

\$ 0.00

35. Any financial assets you did not already list No. Yes. Describe.....

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here

\$1,000.00

Part 5:**Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Yes.

Current value of the portion you own?
 Do not deduct secured claims or exemptions

38. Accounts receivable or commissions you already earned No. Yes. Describe.....

\$ 0.00

Debtor 1

Melissa

Dianne

Thomas

Case Number (if known)

First Name

Middle Name

Last Name

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No. Yes. Describe.....\$ 0.00**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No. Yes. Describe.....\$ 0.00**41. Inventory** No. Yes. Describe.....\$ 0.00**42. Interests in partnerships or joint ventures** No.

Name of Entity and Percent of Ownership:

 Yes. Describe.....\$ 0.00**43. Customer lists, mailing lists, or other compilations** No. Yes. Describe.....\$ 0.00**44. Any business-related property you did not already list** No. Yes. Describe.....\$ 0.00**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached**

for Part 5. Write that number here -->

 \$ 0.00**Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe.....\$ 0.00**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No. Yes. Describe.....\$ 0.00**48. Crops—either growing or harvested** No. Yes. Describe.....\$ 0.00**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade** No. Yes. Describe.....\$ 0.00**50. Farm and fishing supplies, chemicals, and feed** No. Yes. Describe.....\$ 0.00**51. Any farm- and commercial fishing-related property you did not already list** No. Yes. Describe.....\$ 0.00**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached**

for Part 6. Write that number here -->

 \$ 0.00

First Name

Middle Name

Last Name

Part 7:**Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No. Yes. Describe.....\$ 0.00**54. Add the dollar value of all of your entries from Part 7. Write that number here -->**\$0.00**Part 8:****List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2**\$ 0.00**56. Part 2: Total vehicles, line 5**\$ 5,200.00**57. Part 3: Total personal and household items, line 15**\$ 3,000.00**58. Part 4: Total financial assets, line 36**\$ 1,000.00**59. Part 5: Total business-related property, line 45**\$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52**\$ 0.00**61. Part 7: Total other property not listed, line 54**\$ 0.00**62. Total personal property. Add lines 56 through 61.**\$ 9,200.00\$ 9,200.00**63. Total of all property on Schedule A/B. Add line 55 + line 62**\$9,200.00

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u>			(State)
Case Number (If known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption</i>	
Brief description: 2010 Kia Optima with over 134,000 miles	\$ 5,200	<input checked="" type="checkbox"/> \$ 0	IC 34-55-10-2(c)(2) - \$0.00
Line from Schedule A/B: 03		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Furniture, linens, small appliances, table & chairs, bedroom set	\$ 2,000	<input checked="" type="checkbox"/> \$ 2,000	IC 34-55-10-2(c)(2) - \$2,000.00
Line from Schedule A/B: 06		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: TV, computer, printer, music collection, cell phone	\$ 400	<input checked="" type="checkbox"/> \$ 400	IC 34-55-10-2(c)(2) - \$400.00
Line from Schedule A/B: 07		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Everyday clothes, shoes, accessories	\$ 500	<input checked="" type="checkbox"/> \$ 500	IC 34-55-10-2(c)(2) - \$500.00
Line from Schedule A/B: 11		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: Everyday jewelry, costume jewelry	Line from Schedule A/B: <u>12</u>	\$ <u>100</u>	<input checked="" type="checkbox"/> \$ <u>100</u>	IC 34-55-10-2(c)(2) - \$100.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Checking Account, Chime Bank, 0.00	Line from Schedule A/B: <u>17</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>	IC 34-55-10-2(c)(3) - \$0.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Checking Account, Go Bank, 0.00	Line from Schedule A/B: <u>17</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>	IC 34-55-10-2(c)(3) - \$0.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 401(k) or similar plan, Fidelity, 1,000.00	Line from Schedule A/B: <u>21</u>	\$ <u>1,000</u>	<input checked="" type="checkbox"/> \$ <u>1,000</u>	IC 34-55-10-2(c)(6) - \$1,000.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Anticipated 2019 tax refund	Line from Schedule A/B: <u>28</u>	\$ <u>Unknown</u>	<input checked="" type="checkbox"/> \$ <u>400</u>	IC 34-55-10-2(c)(3) - \$400.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Term Life Insurance	Line from Schedule A/B: <u>31</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>	IC 27-1-12-14(e) - \$0.00
			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$170,350?
 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No.

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes.

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

 Check if this is an amended filing**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims		Column A	Column A	Column C	
		Amount of claim	Value of collateral that supports this claim	Unsecured portion if any	
2.	List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors name.				
2.1	Credit Acceptance CORP	Describe the property that secures the claim: 2010 Kia Optima with over 134,000 miles	\$ 7,751.00	\$ 5,200.00	\$ 2,551.00
	Creditor's Name Po Box 513				
	Number Street				
	Southfield MI 48037				
	City State Zip Code				
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt	Nature of Lien. Check all that apply.			
	Date Debt was incurred <u>2018-02-13</u>	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset) _____			
	Last 4 digits of account number <u>3589</u>				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 7,751.00

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

 Check if this is an amended filing**Official Form 106E/F**

12/15

Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims.

List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim
\$ 3,600.00

4.1 Americollect

Last 4 digits of account number 1222Creditor's Name
PO Box 1566When was the debt incurred? 2016-2018

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Manitowoc WI 54221
City State Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Type of NONPRIORITY unsecured claim:
 Student loans.
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

Other. Specify Collecting for Creditor

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.2	Americollect INC Creditor's Name Po Box 1566 Number Street Manitowoc WI 54221 City State Zip Code	Last 4 digits of account number <u>5532</u>	\$ <u>275.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.3	Americollect INC Creditor's Name Po Box 1566 Number Street Manitowoc WI 54221 City State Zip Code	Last 4 digits of account number <u>0167</u>	\$ <u>1,306.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.4	Americollect INC Creditor's Name Po Box 1566 Number Street Manitowoc WI 54221 City State Zip Code	Last 4 digits of account number <u>7862</u>	\$ <u>1,350.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.5	AT T U-Verse	Last 4 digits of account number	0199	\$ 234.00
Creditor's Name 8014 Bayberry Rd	Number Street			
Jacksonville	FL	32256		
City	State	Zip Code		
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6	Atlas Collections	Last 4 digits of account number	6202	\$ 150.00
Creditor's Name PO Box 44	Number Street			
Muncie	IN	47308		
City	State	Zip Code		
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.7	Capital ONE AUTO Finan	Last 4 digits of account number	1001	\$ 3,232.00
Creditor's Name Po Box 259407	Number Street			
Plano	TX	75025		
City	State	Zip Code		
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans.
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collecting for Creditor

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.8	Central Indiana Orthopedics Creditor's Name PO Box 1643 Number Street Muncie IN 47308-1643 City State Zip Code	Last 4 digits of account number <u>1989</u>	\$ <u>101.00</u>
		When was the debt incurred? <u>2018</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		
	<p>Who owes the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.9	Chase Mortgage Creditor's Name 3415 Vision Drive Number Street Columbus OH 43219 City State Zip Code	Last 4 digits of account number <u>4779</u>	\$ <u>91,510.00</u>
		When was the debt incurred? <u>2003</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Mortgage Deficiency</u>		
	<p>Who owes the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.10	Chase MTG Creditor's Name 700 Kansas Ln Number Street Monroe LA 71203 City State Zip Code	Last 4 digits of account number <u>NULL</u>	\$ <u>8,289.00</u>
		When was the debt incurred? <u>2003-2014</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Mortgage Deficiency</u>		
	<p>Who owes the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.11	Check Into Cash	Last 4 digits of account number	0267	\$ 677.00
Creditor's Name <u>201 Keith St</u> Number Street <u>Ste 80</u> Cleveland TN 37311 City State Zip Code				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>PayDay Loan</u>				
4.12	CNAC	Last 4 digits of account number	9464	\$ 10,611.00
Creditor's Name <u>7400 N Shadeland Ave</u> Number Street <u>Ste 200</u> Indianapolis IN 46250 City State Zip Code				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Deficiency, Repo'd/Surr'd Auto</u>				
4.13	Comcast	Last 4 digits of account number	8435	\$ 772.00
Creditor's Name <u>Po Box 3097</u> Number Street <u>Bloomington IL 61702</u> City State Zip Code				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>				

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.14	Community Health Network Creditor's Name 6415 Castleway West Dr Number Street Indianapolis IN 46250 City State Zip Code	Last 4 digits of account number <u>7493</u>	\$ <u>74.00</u>
		When was the debt incurred? <u>2019</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.15	Community Hospital Anderson Creditor's Name PO Box 2589 Number Street Fort Wayne IN 46801 City State Zip Code	Last 4 digits of account number <u>0182</u>	\$ <u>502.00</u>
		When was the debt incurred? <u>2019</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.16	Credit ONE BANK N.A. Creditor's Name 2365 Northside Dr Ste 30 Number Street San Diego CA 92108 City State Zip Code	Last 4 digits of account number <u>9147</u>	\$ <u>772.00</u>
		When was the debt incurred? <u>2016-2016</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown Credit Extension</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.17	Credit ONE BANK NA Creditor's Name Po Box 98875 Number Street Las Vegas NV 89193 City State Zip Code	Last 4 digits of account number <u>NULL</u>	\$ <u>0.00</u>
		When was the debt incurred? <u>2014-2016</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>		
	<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
4.18	CVS Caremark Creditor's Name 500 Virginia Dr Number Street Ste 514 Fort Washington PA 19034 City State Zip Code	Last 4 digits of account number <u>8801</u>	\$ <u>87.00</u>
		When was the debt incurred? <u>2017</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>		
	<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
4.19	Deerfield Run Creditor's Name 924 Meridian St Number Street Anderson IN 46016 City State Zip Code	Last 4 digits of account number <u>0546</u>	\$ <u>0.00</u>
		When was the debt incurred? <u>2017</u>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Residential Rental</u></p>		
	<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.20	DirecTV Creditor's Name PO Box 78626 Number Street Phoenix AZ 85062 City State Zip Code	Last 4 digits of account number 1043	\$ 521.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility Bills/Cellular Service</u></p>			
4.21	Dish Network Creditor's Name Dept. 0063 Number Street Palatine IL 60055-0063 City State Zip Code	Last 4 digits of account number 9193	\$ 376.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility Bills/Cellular Service</u></p>			
4.22	First Premier BANK Creditor's Name 601 S Minnesota Ave Number Street Sioux Falls SD 57104 City State Zip Code	Last 4 digits of account number NULL	\$ 561.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>			

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.23	Geico Casualty Company Creditor's Name 1 Geico Plaza Number Street Washington DC 20046 City State Zip Code	Last 4 digits of account number <u>3359</u>	\$ <u>101.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services Rendered</u>	
4.24	Global Payments Check Creditor's Name Po Box 59371 Number Street Chicago IL 60659 City State Zip Code	Last 4 digits of account number <u>4802</u>	\$ <u>80.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NSF Checks</u>	
4.25	Huntington National Bank Creditor's Name PO Box 182387 Number Street Columbus OH 43218 City State Zip Code	Last 4 digits of account number <u>6012</u>	\$ <u>695.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Overdraft Account</u>	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.26	Kohls/Capone Creditor's Name N56 W 17000 Ridgewood Dr Number Street Menomonee Falls WI 53051 City State Zip Code			Last 4 digits of account number <u>NULL</u>	\$ <u>589.00</u>
				When was the debt incurred? <u>2010-2016</u>	
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	
				Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.27	Laboratory Corp. of America Creditor's Name PO Box 8015 Number Street Burlington NC 27216-8015 City State Zip Code			Last 4 digits of account number <u>2800</u>	\$ <u>238.00</u>
				When was the debt incurred? <u>2017</u>	
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	
				Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.28	MBA LAW OFFICES/Capio Creditor's Name 3400 Texoma Pkwy Ste 100 Number Street Sherman TX 75090 City State Zip Code			Last 4 digits of account number <u>1534</u>	\$ <u>94.00</u>
				When was the debt incurred? <u>2019-2019</u>	
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	
				Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.29	Meade & Associates, Inc Creditor's Name 737 Enterprise Dr Number Street Lewis Center OH 43035 City State Zip Code	Last 4 digits of account number <u>1090</u>	\$ <u>168.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.30	Med-1 Solutions, LLC Creditor's Name 517 US Highway 31 North Number Street Greenwood IN 46142 City State Zip Code	Last 4 digits of account number <u>8258</u>	\$ <u>33.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.31	Med-1 Solutions, LLC Creditor's Name 517 US Highway 31 North Number Street Greenwood IN 46142 City State Zip Code	Last 4 digits of account number <u>1486</u>	\$ <u>71.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.32	Med-1 Solutions, LLC Creditor's Name 517 US Highway 31 North Number Street Greenwood IN 46142 City State Zip Code	Last 4 digits of account number <u>0102</u>	\$ <u>77.00</u>
		When was the debt incurred? <u>2019</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.33	New Avon LLC Creditor's Name 7650 Magna Dr Number Street Belleville IL 62223 City State Zip Code	Last 4 digits of account number <u>4278</u>	\$ <u>57.00</u>
		When was the debt incurred? <u>2017</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.34	Pendleton Family Dentistry Creditor's Name PO Box 213 Number Street 7073 S SR 67 Pendleton IN 46064 City State Zip Code	Last 4 digits of account number <u>4844</u>	\$ <u>162.00</u>
		When was the debt incurred? <u>2019</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.35	Pendleton Heights High School Creditor's Name 2133 Upton Dr Number Street Ste 126-129 Virginia Beach VA 23454 City State Zip Code	Last 4 digits of account number 4160	\$ 194.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.36	Phoenix Financial SERV Creditor's Name 8902 Otis Ave Ste 103A Number Street Indianapolis IN 46216 City State Zip Code	Last 4 digits of account number 5552	\$ 135.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.37	Plain Green Loans Creditor's Name 93 Mack Road, Suite 600 Number Street Box Elder MT 59521 City State Zip Code	Last 4 digits of account number 9033	\$ 2,473.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>PayDay Loan</u></p>			

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.38	Proactiv Creditor's Name PO Box 362965 Number Street Des Moines IA 50380 City State Zip Code	Last 4 digits of account number <u>1315</u>	\$ <u>101.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>			
4.39	Progressive Insurance Creditor's Name 6300 Wilson Mills Rd Number Street Mayfield Village OH 44143 City State Zip Code	Last 4 digits of account number <u>001</u>	\$ <u>101.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Services Rendered</u></p>			
4.40	Progressive Leasing, LLC Creditor's Name 256 West Data Drive Number Street Draper UT 84020 City State Zip Code	Last 4 digits of account number <u>3477</u>	\$ <u>2,215.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>			

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.41	Quest Diagnostics Creditor's Name PO Box 740020 Number Street Cincinnati OH 45274 City State Zip Code	Last 4 digits of account number <u>6094</u>	\$ <u>44.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	
4.42	South Madison Community Schools Creditor's Name 924 Meridian Plaza Number Street Anderson IN 46016 City State Zip Code	Last 4 digits of account number <u>0655</u>	\$ <u>672.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	
4.43	St. Vincent Medical Group Creditor's Name PO Box 12812 Number Street Belfast ME 04915 City State Zip Code	Last 4 digits of account number <u>8906</u>	\$ <u>71.00</u>
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.44	US Career Institute Creditor's Name 101 Harrison St Number Street Archbald PA 18403 City State Zip Code	Last 4 digits of account number <u>4429</u>	\$ <u>1,744.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.45	Vectren Energy Delivery Creditor's Name PO Box 6248 Number Street Indianapolis IN 46206-6248 City State Zip Code	Last 4 digits of account number <u>7225</u>	\$ <u>220.00</u>
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bills/Cellular Service</u></p>			

Debtor 1	Melissa	Dianne	Thomas	Case Number (if known) _____
First Name	Middle Name	Last Name		
Part 3: List Others to Be Notified for a Debt That You Already Listed				
<p>5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.</p>				
Central Indiana Orthopedics, Bankruptcy Dept			On which entry in Part 1 or Part 2 list the original creditor?	
Name 3600 W Bethel Ave			Line <u>8</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Muncie IN 47304			Last 4 digits of account number <u>1989</u>	
City	State Zip Code			
Americollect, Bankruptcy Dept.			On which entry in Part 1 or Part 2 list the original creditor?	
Name PO Box 1505			Line <u>15</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Manitowoc WI 54221			Last 4 digits of account number <u>0182</u>	
City	State Zip Code			
Lloyd & McDaniel PLC, Bankruptcy Dept.			On which entry in Part 1 or Part 2 list the original creditor?	
Name PO Box 23200			Line <u>16</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Louisville KY 40223			Last 4 digits of account number <u>9147</u>	
City	State Zip Code			
Sequim Asset Solutions, Bankruptcy Dept			On which entry in Part 1 or Part 2 list the original creditor?	
Name 1130 Northchase Pkwy			Line <u>20</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Ste 150				
Marietta GA 30067			Last 4 digits of account number <u>1043</u>	
City	State Zip Code			
AFNI, Bankruptcy Dept.			On which entry in Part 1 or Part 2 list the original creditor?	
Name PO Box 3517			Line <u>21</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Bloomington IL 61702			Last 4 digits of account number <u>9193</u>	
City	State Zip Code			
Rushmore Service Center, Bankruptcy Dept			On which entry in Part 1 or Part 2 list the original creditor?	
Name PO Box 5508			Line <u>22</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Sioux Falls SD 57117			Last 4 digits of account number <u>NULL</u>	
City	State Zip Code			

Debtor 1	Melissa	Dianne	Thomas	Case Number (if known)
	First Name	Middle Name	Last Name	
Credit Collection Services, Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name 725 Canton Street				Line <u>23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Norwood		MA	02062	Last 4 digits of account number <u>3359</u>
City		State	Zip Code	
Sunrise Credit Services, Inc., Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name PO Box 9100				Line <u>25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Farmingdale		NY	11753-9101	Last 4 digits of account number <u>6012</u>
City		State	Zip Code	
AMCA, Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name PO Box 1235				Line <u>27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Elmsford		NY	10523	Last 4 digits of account number <u>2800</u>
City		State	Zip Code	
Central Portfolio Control, Inc., Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name 10249 Yellow Circle Dr				Line <u>37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Ste 200				
Minnetonka		MN	55343	Last 4 digits of account number <u>9033</u>
City		State	Zip Code	
North Shore Agency, Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name PO Box 9205				Line <u>38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Old Bethpage		NY	11804	Last 4 digits of account number <u>1315</u>
City		State	Zip Code	
Credit Collection Services, Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name 725 Canton Street				Line <u>39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Norwood		MA	02062	Last 4 digits of account number <u>001</u>
City		State	Zip Code	
Credit Collection Services, Bankruptcy Dept.				On which entry in Part 1 or Part 2 list the original creditor?
Name 725 Canton Street				Line <u>41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street				
Norwood		MA	02062	Last 4 digits of account number <u>6094</u>
City		State	Zip Code	

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name Middle Name Last Name

Med-1 Solutions, LLC, Bankruptcy Dept.**On which entry in Part 1 or Part 2 list the original creditor?**Line 43 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 517 US Highway 31 NorthNumber StreetGreenwood IN 46142
City State Zip Code Last 4 digits of account number 8906St. Vincent Hospital & Health, Bankruptcy Dept.**On which entry in Part 1 or Part 2 list the original creditor?**Line 43 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 9600 Reliable ParkwayNumber StreetChicago IL 60686-009
City State Zip Code Last 4 digits of account number 8906Global Receivables Solutions, Bankruptcy Dept.**On which entry in Part 1 or Part 2 list the original creditor?**Line 45 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name PO Box 790113Number StreetSaint Louis MO 63179
City State Zip Code Last 4 digits of account number 7225

Debtor 1 Melissa

Dianne

Thomas

Case Number (if known) _____

First Name

Middle Name

Last Name

Part 4:**Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and Certain other debts you owe the government	6b. \$ _____ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ _____ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ _____ 0.00
Total claims from Part 2	6f. Student loans	6f. \$ _____ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ _____ 135,335.00
	6j. Total. Add lines 6f through 6i.	6j. \$ _____ 135,335.00

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

Check if this is an
amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed in *Schedule A/B: Property* (Official Form 106A/B)

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for	
2.1	Name <hr/> Number Street <hr/> City State Zip Code			
2.2	Name <hr/> Number Street <hr/> City State Zip Code			
2.3	Name <hr/> Number Street <hr/> City State Zip Code			
2.4	Name <hr/> Number Street <hr/> City State Zip Code			
2.5	Name <hr/> Number Street <hr/> City State Zip Code			

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No.
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. Inwhich community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1			
Name			
Number Street			
City	State	Zip Code	

3.2			
Name			
Number Street			
City	State	Zip Code	

3.3			
Name			
Number Street			
City	State	Zip Code	

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case Number _____ (If known)			

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Patient Service Rep

Employer's name

Community Health Network

Employer's address

3125 S Scatterfield Rd

Anderson, IN 46012

How long employed there?

Since 2/1/2015

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

\$2,944.98

For Debtor 2 or non-filing spouse

\$0.00

2. List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

\$2,944.98

\$0.00

Debtor 1	Melissa First Name	Dianne Middle Name	Thomas Last Name	Case Number (if known) _____	
				For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here				4. \$2,944.98	\$0.00
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions				5a. \$647.88	\$0.00
5b. Mandatory contributions for retirement plans				5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans				5c. \$29.44	\$0.00
5d. Required repayments of retirement fund loans				5d. \$0.00	\$0.00
5e. Insurance				5e. \$268.19	\$0.00
5f. Domestic support obligations				5f. \$0.00	\$0.00
5g. Union dues				5g. \$0.00	\$0.00
5h. Other deductions. Specify: <u>Life Insurance(D1),</u>				5h. \$2.10	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.				6. \$947.61	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.				7. \$1,997.36	\$0.00
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
8a. \$0.00				\$0.00	
8b. Interest and dividends					
8b. \$0.00				\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
8c. \$0.00				\$0.00	
8d. Unemployment compensation					
8d. \$0.00				\$0.00	
8e. Social Security					
8e. \$0.00				\$0.00	
8f. Other government assistance that you regularly receive					
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
Specify: _____					
8f. \$0.00				\$0.00	
8g. Pension or retirement income					
8g. \$0.00				\$0.00	
8h. Other monthly income. Specify: _____					
8h. \$0.00				\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.				9. \$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9.				10. \$1,997.36	+ \$0.00 = \$1,997.36
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					
11. State all other regular contributions to the expenses that you list in Schedule J.					
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.					
Specify: _____				11. \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.					
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies				\$1,997.36	
13. Do you expect an increase or decrease within the year after you file this form?					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes. Explain: _____					

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case Number _____ (If known)			

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household.

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No.

Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Son

Dependent's age

19

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$600.00

If not included in line 4:

4a. Real estate taxes	4a. _____	\$0.00
4b. Property, homeowner's, or renter's insurance	4b. _____	\$0.00
4c. Home maintenance, repair, and upkeep expenses	4c. _____	\$25.00
4d. Homeowner's association or condominium dues	4d. _____	\$0.00

Debtor 1	Melissa	Dianne	Thomas	Case Number (if known)
	First Name	Middle Name	Last Name	
Your expenses				
5.	Additional Mortgage payments for your residence , such as home equity loans			5. \$0.00
6.	Utilities:			
6a.	Electricity, heat, natural gas			6a. \$0.00
6b.	Water, sewer, garbage collection			6b. \$0.00
6c.	Telephone, cell phone, internet, satellite, and cable service			6c. \$178.00
6d.	Other. Specify: _____			6d. \$ 0.00
7.	Food and housekeeping supplies			7. \$400.00
8.	Childcare and children's education costs			8. \$0.00
9.	Clothing, laundry, and dry cleaning			9. \$70.00
10.	Personal care products and services			10. \$45.00
11.	Medical and dental expenses			11. \$50.00
12.	Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.			12. \$170.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books			13. \$105.00
14.	Charitable contributions and religious donations			14. \$0.00
15.	Insurance . Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance			15a. \$0.00
15b.	Health insurance			15b. \$0.00
15c.	Vehicle insurance			15c. \$125.00
15d.	Other insurance. Specify: _____			15d. \$0.00
16.	Taxes . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Federal or State Tax Deductions or Repayments</u>			16. \$0.00
17.	Installment or lease payments :			
17a.	Car payments for Vehicle 1			17a. \$215.00
17b.	Car payments for Vehicle 2			17b. \$0.00
17c.	Other. Specify: _____			17c. \$0.00
17d.	Other. Specify: _____			17d. \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			18. \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____			19. \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
20a.	Mortgages on other property			20a. \$ 0.00
20b.	Real estate taxes			20b. \$ 0.00
20c.	Property, homeowner's, or renter's insurance			20c. \$ 0.00
20d.	Maintenance, repair, and upkeep expenses			20d. \$ 0.00
20e.	Homeowner's association or condominium dues			20e. \$ 0.00

Debtor 1 Melissa Dianne Thomas Case Number (if known) _____

First Name

Middle Name

Last Name

21. Other. Specify: Postage/Bank Fees (\$5.00),	21.	\$5.00
22.. Your monthly expense: Add lines 4 through 21.	22.	\$1,988.00
The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$1,997.36
23b. Copy your monthly expenses from line 22 above.	23b. -	\$1,988.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$9.36

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes.

Explain Here:

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person _____.

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Melissa Dianne Thomas
Signature of Debtor 1

X
Signature of Debtor 2

Date 10/09/2019
MM / DD / YYYY

Date
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Melissa	Dianne	Thomas
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>SOUTHERN</u> District of <u>INDIANA</u> (State)			
Case Number (If known)			

 Check if this is an amended filing**Official Form 108****Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: *Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Credit Acceptance CORP	<input checked="" type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2010 Kia Optima with over 134,000 miles		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		

First Name

Middle Name

Last Name

Part 2:**List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

 No YesDescription of leased
property:

Lessor's name:

 No YesDescription of leased
property:**Part 3:** **Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Melissa Dianne Thomas

Signature of Debtor 1

Date Dated: 10/09/2019
MM / DD / YYYY**X**

Signature of Debtor 2

Date _____
MM / DD / YYYY

United States Bankruptcy Court
SOUTHERN DISTRICT OF INDIANA INDIANAPOLIS DIVISION

In re**Melissa Dianne Thomas / Debtor**

Case No:

Chapter: **Chapter 7****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$800.00
Prior to the filing of this statement I have received	\$900.00
Balance Due	\$0.00
Post Case-Filing Work Pre-Paid:	\$100.00

2. The source of the compensation paid to me was:

Debtor(s) Other: (specify)

3. The source of compensation to be paid to me is:

Debtor(s) Other: (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee does NOT include any work done post-filing.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

Date: 10/09/2019
Date

/s/ **Anthony David Shull**
Signature of Attorney

Geraci Law L.L.C.
Name of law firm

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA INDIANAPOLIS DIVISION

In re

Melissa Dianne Thomas / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 10/09/2019

/s/ **Melissa Dianne Thomas**
Melissa Dianne Thomas

X Date & Sign

* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Americollect
Bankruptcy Dept.
PO Box 1566
Manitowoc WI 54221

Americollect INC
Attn: Bankruptcy Dept.
Po Box 1566
Manitowoc WI 54221

AT T U-Verse
C/O Enhanced Recovery CO L
8014 Bayberry Rd
Jacksonville FL 32256

Atlas Collections
Attn: Bankruptcy Dept.
PO Box 44
Muncie IN 47308

Capital ONE AUTO Finan
Attn: Bankruptcy Dept.
Po Box 259407
Plano TX 75025

Central Indiana Orthopedics
Bankruptcy Dept.
PO Box 1643
Muncie IN 47308-1643

Central Indiana Orthopedics
Bankruptcy Dept
3600 W Bethel Ave
Muncie IN 47304

Chase Mortgage
Bankruptcy Department
3415 Vision Drive
Columbus OH 43219

Chase MTG
Attn: Bankruptcy Dept.
700 Kansas Ln
Monroe LA 71203

Check Into Cash
Bankruptcy Dept
201 Keith St
Ste 80
Cleveland TN 37311

CNAC
Bankruptcy Dept
7400 N Shadeland Ave
Ste 200
Indianapolis IN 46250

Comcast

C/O Afni, INC.
Po Box 3097
Bloomington IL 61702

Community Health Network

Attn: Customer Service
6415 Castleway West Dr
Indianapolis IN 46250

Community Hospital Anderson

Bankruptcy Dept
PO Box 2589
Fort Wayne IN 46801

Americollect
Bankruptcy Dept.
PO Box 1505
Manitowoc WI 54221

Credit Acceptance CORP

Attn: Bankruptcy Dept.
Po Box 513
Southfield MI 48037

Credit ONE BANK N.A.

C/O Midland Funding
2365 Northside Dr Ste 30
San Diego CA 92108

Lloyd & McDaniel PLC
Bankruptcy Dept.
PO Box 23200
Louisville KY 40223

Credit ONE BANK NA

Attn: Bankruptcy Dept.
Po Box 98875
Las Vegas NV 89193

CVS Caremark

C/o Transworld Systems Inc
500 Virginia Dr
Ste 514
Fort Washington PA 19034

Deerfield Run

C/o Garman Law Offices, PC
924 Meridian St
Anderson IN 46016

DirecTV

Bankruptcy Department
PO Box 78626
Phoenix AZ 85062

Sequium Asset Solutions
Bankruptcy Dept
1130 Northchase Pkwy Ste 150
Marietta GA 30067

Dish Network

Attn: Bankruptcy Dept.
Dept. 0063
Palatine IL 60055-0063

AFNI
Bankruptcy Dept.
PO Box 3517
Bloomington IL 61702

First Premier BANK

Attn: Bankruptcy Dept.
601 S Minnesota Ave
Sioux Falls SD 57104

Rushmore Service Center
Bankruptcy Dept
PO Box 5508
Sioux Falls SD 57117

Geico Casualty Company

Attn: Bankruptcy Department
1 Geico Plaza
Washington DC 20046

Credit Collection Services
Bankruptcy Dept.
725 Canton Street
Norwood MA 02062

Global Payments Check

Attn: Bankruptcy Dept.
Po Box 59371
Chicago IL 60659

Huntington National Bank

Bankruptcy Dept
PO Box 182387
Columbus OH 43218

Sunrise Credit Services, Inc.
Bankruptcy Dept.
PO Box 9100
Farmingdale NY 11753-9100

Kohls/Capone

Attn: Bankruptcy Dept.
N56 W 17000 Ridgewood Dr
Menomonee Falls WI 53051

Laboratory Corp. of America

Bankruptcy Department
PO Box 8015
Burlington NC 27216-8015

AMCA
Bankruptcy Dept
PO Box 1235
Elmsford NY 10523

MBA LAW OFFICES/Capio
Attn: Bankruptcy Dept.
3400 Texoma Pkwy Ste 100
Sherman TX 75090

Meade & Associates, Inc
Bankruptcy Dept
737 Enterprise Dr
Lewis Center OH 43035

Med-1 Solutions, LLC
Bankruptcy Dept
517 US Highway 31 North
Greenwood IN 46142

New Avon LLC
C/o One Advantage LLC
7650 Magna Dr
Belleville IL 62223

Pendleton Family Dentistry
Bankruptcy Dept
PO Box 213
7073 S SR 67
Pendleton IN 46064

Pendleton Heights High School
C/o Kinum
2133 Upton Dr
Ste 126-129
Virginia Beach VA 23454

Phoenix Financial SERV
Attn: Bankruptcy Dept.
8902 Otis Ave Ste 103A
Indianapolis IN 46216

Plain Green Loans
Bankruptcy Dept
93 Mack Road, Suite 600
Box Elder MT 59521

Central Portfolio Control, Inc
Bankruptcy Dept.
10249 Yellow Circle Dr Ste 200
Minnetonka MN 55343

Proactiv

Bankruptcy Dept.
PO Box 362965
Des Moines IA 50380

North Shore Agency
Bankruptcy Dept.
PO Box 9205
Old Bethpage NY 11804

Progressive Insurance

Bankruptcy Dept
6300 Wilson Mills Rd
Mayfield Village OH 44143

Credit Collection Services
Bankruptcy Dept.
725 Canton Street
Norwood MA 02062

Progressive Leasing, LLC

Bankruptcy Dept
256 West Data Drive
Draper UT 84020

Quest Diagnostics

Attn: Bankruptcy Dept
PO Box 740020
Cincinnati OH 45274

Credit Collection Services
Bankruptcy Dept.
725 Canton Street
Norwood MA 02062

South Madison Community Schools

C/o Garman Law Offices, PC
924 Meridian Plaza
Anderson IN 46016

St. Vincent Medical Group

Bankruptcy Dept
PO Box 12812
Belfast ME 04915

Med-1 Solutions, LLC
Bankruptcy Dept.
517 US Highway 31 North
Greenwood IN 46142

St. Vincent Hospital & Health
Bankruptcy Dept.
9600 Reliable Parkway
Chicago IL 60686-0096

US Career Institute

C/O USCB Corporation
101 Harrison St
Archbald PA 18403

Vectren Energy Delivery
Attn: Bankruptcy Dept.
PO Box 6248
Indianapolis IN 46206-6248

Global Receivables Solutions
Bankruptcy Dept
PO Box 790113
Saint Louis MO 63179